RECEIPT FOR PLANNED GIVING

Life Insurance Policy Gift

Receipt Number: _____ **Date:** _____

DONOR INFORMATION

Donor Name: _____

Address: _____

City, State, Zip: _____

LIFE INSURANCE POLICY DETAILS

Insurance Company: _____

Policy Number: _____

Policy Owner: _____

Designated Beneficiary: _____

Type of Policy: _____

GIFT VALUATION & CONTRIBUTION INFORMATION

Date of Transfer/Assignment: _____

Cash Surrender Value: _____

Cost Basis (if applicable): _____

Premium Payment (if paid directly): _____

Eligible Tax-Deductible Amount: _____

The organization acknowledges that it has been designated as the owner and/or irrevocable beneficiary of the life insurance policy described above. No goods or services were provided in exchange for this contribution other than those of intangible religious or charitable benefits. Please retain this receipt for your tax records.

Authorized Representative Signature

Date

Printed Name & Title